

This application may be completed online and mailed to the address listed below.

**NEBRASKA DEPARTMENT OF HEALTH & HUMAN SERVICES
REGULATION & LICENSURE
CREDENTIALING DIVISION
NOTIFICATION OF FACILITY/SERVICE NAME CHANGE**

CURRENT FACILITY/SERVICE NAME_____

LICENSE #_____

ADDRESS_____

NEW FACILITY NAME_____

EFFECTIVE DATE_____

Is this name change a result of a change of ownership? Yes No

If it is a change of ownership, additional documentation is required to be completed. Please contact the Department at (402) 471-2115.

ADDITIONAL COMMENTS:

SIGNATURE_____DATE_____

FOR CREDENTIALING OFFICE USE ONLY

Change made in ACO: Initial_____Date_____

Change made in ODIE: Initial_____Date_____.